

www.bankrespiratoryservices.ca

217-1385 BANK ST. OTTAWA, ON, K1H 8N4 (**T**) **613 523-4444** (**F**) **613 523-6444**

REQUISITION FOR EXHALED NITRIC OXIDE TESTING

PATIENT NAME:	DOB (c	d/m/y):
HIP:VERSION CODE:		
HOME Phone#	DAY Phone#	
Reason for Test/Consult:		
Smoking Status:		
mediator which serves as a hi offer an extra tool to support	ghly sensitive marker for airvelinical decisions when diagnents also serve as an objective	man breath is a highly sensitive volatile vay inflammation. FeNo measurements osing, treating, and monitoring patients e reference to recognize loss of control
A Payment of \$75.00 is do	ue upon completion of the	test. Cash Only
	<u>INSTRUCTIONS</u>	
- Do not eat or drink for 1 hou	ir before the test	
- Do not smoke for 1 hour bef	Fore the test	
- Do not drink alcohol for 12	hours before the test	
- Inhalers should be taken acc	ording to your physician's re-	quest
- Hold daily dose of prednison	ne until after the test	
- Reschedule if you have any	cold or flu-like symptoms	
- Reschedule of you are on an	tibiotics	
- Do not exercise for 1 hour b	efore the test	
Physician Signature	FAX#	TEL#
Doctor's Name and Billing Number_		
Physician's Stamp		